



TEXAS DEPARTMENT OF HEALTH
AUSTIN TEXAS
INTER-OFFICE

01-133

TO: Regional Directors
Directors, Local Health Departments
Directors, Independent WIC Local Agencies
Director, Office of Public Health Practice

FROM: Barbara Keir, Director ORIGINAL SIGNED
Division of Public Health Nutrition and Education
Bureau of Nutrition Services

DATE: November 30, 2001

SUBJECT: Formula Conference Call Scheduled December 18, 2001

The next formula conference call is scheduled for December 18, 2001, from 11:00 a.m. - 12:30 p.m. and from 1:00 p.m. – 2:30 p.m. This conference call will include a discussion of case studies and the rationale for approval or disapproval of the formulas requested. A copy of the case studies is included for your preview and we are asking that conference attendees be thinking about how you would handle these requests prior to the conference call. We are also providing a prescription form than can be used when non-contract formulas are requested. This form is not mandatory. In addition, the appropriate use of the 999 code will be included in our discussion.

If you are unable to participate in the conference call, a tape will be made available upon request. We have experienced problems on the conference calls in the past with sites that do not have a mute button on their telephone. It interrupts the entire conference when phones are ringing or people are talking. If you do not have a mute button you might want to consider ordering a tape instead of participating in the call. We will be glad to answer any questions you have concerning the policies or the information on a one-to-one basis.

We also have had problems recently with too many sites attempting to call in on the limited conference call lines. We are asking that only one phone line from each agency connect with the conference operator.

To connect to the conference call on December 18, 2001, dial (512) 463-1928. Then enter: 1501518# (Don't forget to enter the pound sign at the end.)

Projects # 1 - 53 Assigned to 11:00 - 12:30 time slot
Projects #54 -106 Assigned to 1:00 - 2:30 time slot

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If this time interferes with local agency plans, please let us know and we will move you to the other time slot. We are limited in the numbers for each time slot, so please let us know as soon as possible. If you have any questions, please feel free to contact Roxanne Robison, Children with Special Health Care Needs Nutrition Consultant at (512) 458-7111 extension 3495, or Patti Fitch, Clinical Nutrition Coordinator at (512) 458-7111 extension 3598. You may order tapes from Kathy Giarratano at (512) 458-7111 extension 2126.

Case Studies for Formula Conference Call on December 18, 2001

1. The mother of a two-month-old infant, diagnosed with a milk allergy, comes into your clinic with a prescription for Nutramigen. The script is for 10 months, or until the infant's first birthday. Formula history includes Enfamil with Iron, which resulted in poor weight gain, vomiting and skin rash. The baby is doing well on Nutramigen for the past 10 days. As the approval authority, what would you do in this case?

2. A nine-month-old, accompanied by her mother, comes into the WIC clinic with a prescription for Pediasure. The infant has a diagnosis of CP and ASD (atrial septal defect). Weight gain has been poor. Weight for age is >5<10th %iles, length for age is 25th %ile and weight for length is <5th %ile. Diet history includes Enfamil diluted to 20 kcals/oz. and then to 24 kcals/oz for the past 2 months. What other information do you need to obtain?

3. A nine-month-old infant has been on Enfamil w/ iron and doing well since birth. Growth and weight gain have been good since birth. He has recently experienced an acute illness and has been on antibiotics. He is experiencing diarrhea and the doctor has written a prescription for Isomil DF for one month. As the approval authority, what would you do in this case?

4. A six-week-old breastfed infant was brought into the clinic by his mother with a prescription for Alimentum. Mom had recently suffered a mild concussion and was put on Depakote, a seizure medication. The doctor recommended she stop breastfeeding because of the medication. The baby has experienced bloody stools on both Enfamil and Nutramigen over the past two weeks. Alimentum has not yet been tried. As the approval authority in this case, what would you do?

5. A father has been denied Enfamil low iron for the past 3 months for his three-month-old daughter. She has been chronically constipated and his pediatrician said that some babies are more sensitive to iron than others. He has written a prescription for Enfamil low iron. Dad is upset and is persisting to request low iron formula. This time, he has brought a note in from the pediatrician again requesting low iron formula. What do you tell Dad?

Request for Medically Necessary Formulas/Medical Nutritional Products from the WIC Program

Dear Health Care Provider: The WIC program issues contract formulas - Enfamil with iron, Enfamil Lactofree, and Enfamil Prosobee. Other formulas/medical nutritional products may be issued for a valid medical reason. Please provide the following information when requesting a non-contract formula. If requesting a different formula or a formula is requested for a different medical condition than is listed, indicate that on the back of this form.

Patient's Name _____ DOB: _____ Birth weight _____ Weeks gestation _____
 Weight _____ Length _____ Date of measurements _____
 Diagnosis _____

Signature (MD, DO, NP, PA)

Date

Note: Federal regulations limit the amount of formula WIC can provide to any one participant. An infant/child who is Medicaid-eligible may be able to obtain additional formula/product through that program.

WIC Maximum Amounts	Infant	Child/Pregnant, Breastfeeding, or Postpartum Woman
Ready-to-use	806 fl. ozs.	910 fl. ozs
Powder	8 lbs.	9lbs
Liquid Concentrate	403 fl. ozs.	455 fl. ozs.

Formula (Circle One)	Medical Reason for Request	Length of Request
Carnation Alsoy, Carnation Good Start, Carnation Follow Up, Carnation Follow Up Soy Similac Isomil, Similac Lactose-Free, Similac with Iron	Allergy or intolerance to Enfamil with iron, Enfamil Prosobee, or Enfamil Lactofree. WIC policy states that participants on non-contract milk or soy-based infant formulas be challenged every 2-3 mos. with contract formula. If this is medically contraindicated, please explain _____ _____	_____ month(s)
Nutramigen	Milk and/or soy allergy	_____ month(s)
Alimentum Pregestimil	Allergy or sensitivity to milk or soy with malabsorption; malabsorption	_____ month(s)
Enfamil AR	Gastroesophageal reflux disease (GERD); not to be issued for uncomplicated GER (benign spitting up)	_____ month(s)
Enfamil 24 w/ iron; Similac 24 w/ iron	Increased calorie needs; need for volume restriction; Inability to consume adequate volume of standard formula. Note: Instructions will be given for concentrating liquid or powder formula to 24 kcal/oz. The ready-to-feed form will only be issued if the caretaker is physically or mentally unable to prepare formula to 24 kcal/oz or if there is an unsafe or unsanitary water supply.	_____ month(s)
Enfamil Human Milk Fortifier; Similac Human Milk fortifier; Similac Natural Care	EHMF or SHMF can be issued until the infant weighs 5 ½ lbs Similac Natural Care can be issued until the infant weighs 8 lbs.	_____ month(s)
Enfamil EnfaCare; Similac NeoSure	Premature infants; Issued up to chronological age of: 36 weeks gestation; up to 3 months 32<36 weeks gestation; up to 6 months 28<32 weeks gestation; up to 9 months <28 weeks gestation; up to one year	_____ month(s)
Similac Special Care 24 Enfamil Premature 24	Premature infant up to 8 lbs Premature Infant up to 5 ½ lbs.	_____ monthly until weight limit is reached

Formula (Circle One)	Medical Reason for Request	Length of Request
Similac PM 60/40	Renal or cardiac conditions requiring lower minerals	_____ month(s)
Portagen	Liver disease; pancreatic insufficiency; chylothorax	_____ month(s)
Elemental infant formula Neocate	Allergy to intact protein and casein hydrolysates; Malabsorption; Note: Alimentum, Nutramigen, or Pregestimil needs to have been tried prior to issuing	_____ month(s)
Next Step Soy	Milk allergy in a child over one year old	_____ month(s)
Pediatric Tube Feeding Formulas Pediasure Enteral Pediasure Enteral with Fiber Kindercal TF Kindercal TF with Fiber Compleat Pediatric	Tube feeding; oral motor feeding disorders; medical Condition that increases calorie needs.	_____ month(s)
Pediatric Oral Supplements Pediasure Pediasure with Fiber Kindercal Kindercal with Fiber Nutren Junior Resource Just for Kids	Oral motor feeding disorders; FTT from underlying medical condition; medical condition that increases calorie requirements beyond what is expected for age;	_____ month(s)
Elemental Pediatric Products Neocate Junior Elecare Neocate One + Peptamen Junior Pepdite One + Vivonex Pediatric	Malabsorptive conditions; short bowel syndrome; Medical condition requiring an elemental diet (please specify):	_____ month(s)
Pregnant, Breastfeeding or Postpartum Women Boost with Fiber Boost Ensure with Fiber Ensure Nutren with Fiber Nutren Peptamen Peptamen 1.5 Vivonex Vivonex Plus Resource Standard	Tubefeeding; oral motor feeding disorder; Medical condition that increases calorie requirements (please specify):	_____ month(s)
Modular Products Casec Modulac Duocal Promod Ross Carbohydrate Free MCT Oil	Please specify the need for the product:	_____ month(s)
Other:	Please provide diagnosis or alternate reason for request for a formula listed above:	_____ month(s)

WIC Staff Use Only			
Staff or State Agency Approval and Level of Formula _____			
Prescription expiration date: _____	Need for additional 1/8 package _____	Date _____	Staff initials _____

